

The Million Hearts™ Initiative in Maryland
February 28, 2012

The Maryland Department of Health and Mental Hygiene (DHMH) supports the Million Hearts™ Initiative of the U.S. Department of Health and Human Services, which aims to prevent 1 million heart attacks and strokes in the United States over the next 5 years.

Heart disease and stroke are the first and third leading causes of death in Maryland, responsible for 1 out of 3 deaths. Heart disease accounted for 24.9 percent of deaths, and stroke accounted for 5.2 percent of total deaths in 2010. In Maryland, 37.4 percent of adults reported high cholesterol and 30.1 percent of adults reported high blood pressure in 2009, and 15.2 percent of adults were current smokers in 2010. We also know that members of minority communities in Maryland experience these risk factors at even higher rates. Most risk factors for heart disease and stroke – specifically high blood pressure, high cholesterol, diabetes, smoking, and obesity – are preventable and controllable. Controlling these risk factors can reduce the risk of heart attack or stroke by more than 80 percent.

Maryland's commitment to the Million Hearts™ Initiative has 5 core components: improving clinical care, strengthening tobacco control, promoting a healthy diet, encouraging workplace wellness, and incentivizing local public health action. Maryland's Million Hearts™ activities are a central component of an overall health reform strategy that aims to expand access to high-quality healthcare for all Marylanders and to maximize wellness and prevention to optimize the value of the State's investment in health. Progress will be tracked through StateStat, a performance-measurement and management tool implemented by Governor Martin O'Malley to improve state government efficiency and accountability. DHMH recently added to its StateStat reporting a template specific to Million Hearts™ that tracks data with the goal of reducing blood pressure, improving control of diabetes and reducing cardiovascular mortality. The template can be found at: <http://www.dhmh.maryland.gov/statestat/SitePages/Home.aspx>

Maryland's Million Hearts™ strategies align with Maryland's recent award of a \$9.7 million CDC Community Transformation Grant (CTG) to expand the Healthiest Maryland efforts in "making the healthiest choice the easiest choice" for all Marylanders, particularly for Marylanders with existing heart disease and stroke risk factors. From May 2012 to September 2013, the Preventive Health and Health Services (PHHS) Grant will be used to expand Maryland's Million Hearts™ activities to Baltimore City, Baltimore, Montgomery, Prince George's, and Anne Arundel counties. The CTG and PHHS Grants together will allow for a statewide reach and measurable impact from reducing tobacco use; enhancing the physical activity and food environment (including reducing sodium and eliminating trans fat in the food supply); and providing community-clinical linkages to improve control of blood pressure and cholesterol.

Improving Clinical Care

Expanding clinical preventive interventions and improving clinical management of patients with heart disease is a key strategy for saving lives. Maryland's clinical strategies promote optimization of ABCS (appropriate aspirin use, blood pressure control, cholesterol management, and smoking cessation), as well as other proven strategies for preventing heart disease and stroke.

Medicaid. The Maryland Medicaid program is committed to reducing and preventing the prevalence of heart disease and its risk factors. One of the goals of HealthChoice, Maryland's Medicaid managed care program, which enrolls about 80 percent of Maryland Medicaid beneficiaries, is to emphasize health promotion and disease prevention. DHMH measures progress through Healthcare Effectiveness Data and Information Set (HEDIS) measures for managed care plans and a Comprehensive Diabetes Care measure in Medicaid's value-based purchasing program. These will be expanded to more comprehensively address cardiovascular disease.

Current efforts in Medicaid addressing cardiovascular disease include:

- Chronic disease management programs led by the state's managed care organizations;
- Reimbursement for individual tobacco cessation counseling services with no age limit. These counseling sessions can be provided by primary care physicians, nurse practitioners, and nurse midwives; and
- Reimbursement for smoking cessation products, including nicotine patches and prescription medications.

The Governor's proposed budget for Fiscal Year 2013 includes more than \$15 million for implementing and operating a chronic medical home program focused on behavioral health. Research has shown that patients with severe mental illness lose 25 or more years of life expectancy due to chronic illnesses, including cardiovascular disease. By improving the working relationships between primary care and specialty providers, more referrals and evaluations for cardiovascular disease will occur.

Maryland Health Care Commission (MHCC). MHCC supports initiatives with primary care practices, hospitals and health plans that aim to improve the quality of care provided to patients with cardiovascular disease. The Commission collects data and reports through the Hospital Performance Guide on hospitals' compliance with evidence-based clinical guidelines for treating cardiovascular disease. The hospital performance information is used by consumers to support decision-making and by hospital leaders and policymakers to facilitate quality improvement.

These data and other quality measures are also used by the Health Services Cost Review Commission in the Quality-Based Reimbursement program, through which adjustments are made to Maryland hospitals' annual update factors based on relative performance on these measures.

The Commission requires Health Management Organizations and Preferred Provider Organizations to report performance measures on the quality of care that they provide, including the quality of preventive care for cardiovascular disease. These data enable consumers to compare plans and to

encourage best practices among payers. Additional targets for cardiovascular disease will be established for health plans in 2013.

Medical Homes. Two major initiatives in Maryland are providing additional support for cardiovascular disease prevention in primary care medical homes.

The Maryland Multipayer PCMH program supports a health care delivery model that coordinates care across all segments of the health care system, from prevention and primary care to hospital, home health and community based services. Practices are reimbursed using a shared savings model that rewards practices for reducing patients' year over year health costs and for meeting performance thresholds for up to 18 quality measures, including 9 linked to cardiovascular disease.

The CareFirst BlueCross BlueShield's Patient-Centered Medical Home is an innovative program designed to provide primary care providers with new incentives and tools to provide higher quality, lower cost care to CareFirst members. The program is designed to enable physicians to closely coordinate care for the chronically ill, as well as help patients better manage their diseases and improve their overall health. Launched in January 2011, CareFirst's program is one of the nation's largest programs of its type with robust physician participation and patient reach.

CareFirst's program allows primary care providers to serve as the "quarterback" of a team of health professionals to focus on providing coordinated care for those patients who need it most. Incentives to primary care clinicians reinforce the central role of primary care in helping members manage their health risks as well as guide their care when they experience major illness, especially involving chronic conditions such as coronary artery disease, congestive heart failure, diabetes and high blood pressure. Quality measures are the "gate" to outcome incentive awards and include measures on effectiveness of care that address measures specific to the Million Hearts Initiative.

Healthy Hearts for Marylanders. Through a partnership between the Department and the Mid-Atlantic Association of Community Health Centers, a system for providing technical assistance in primary care quality improvement has been created to replicate the successful HHS Health Disparities Collaborative. Four community health centers are engaged in rapid-cycle quality improvement projects with the aims of improved Hemoglobin A1C, blood pressure, and cholesterol control and smoking cessation for their patients with diabetes. Supporting the Chronic Care Model, the project includes: data analysis and surveillance; health care systems interventions to empower health care provider teams including audit and feedback, reminder systems, academic detailing, and improved care coordination; and community interventions to empower patients through self-management education. Improving appropriate aspirin use has been added to this project, which will be expanded to improve the quality of care in 34 more health centers across the state reaching over 175,000 Marylanders.

Other clinical innovations. In January 2012, Maryland launched an Innovations Website to highlight efforts across Maryland to enhance patient care, improve health and control costs. This new platform for exchanging information on health delivery innovations is divided into three categories:

- Clinical innovations, defined as novel health care and community strategies that prevent illness and reduce complications of disease, and lower health care costs.
- Financial mechanisms, defined as alternative approaches to paying for care that replace fee for service with models that reward clinicians, practices, and hospitals for keeping their patients healthier and incentivize strategies that reduce the need for expensive acute care services.
- Integrated programs, defined as projects that combine clinical innovations with supportive financing mechanisms in a partnership that uses savings to fund creative solutions to health care challenges.

The goal of highlighting innovations from around the state is to help foster more innovation, and to link programs with potential partners. Many of the innovative programs featured are working towards improved health outcomes for patients with cardiovascular disease and diabetes (i.e., use of pharmacists and community health workers as care extenders). The innovations website can be found online at <http://www.dhmf.maryland.gov/innovations>.

Strengthening Tobacco Control

Maryland's success in creating smoke-free environments statewide has resulted in the 4th lowest smoking prevalence among adults, and 6th lowest smoking prevalence among youth ages 12-17. Avoiding harmful tobacco products is a core element of cardiovascular health, and Maryland's Million Hearts™ commitment includes efforts to further reduce tobacco use among adults and youth. Maryland's tobacco control program supports education and services to help keep children, youth, and adults tobacco-free.

The Maryland Quitline. The Maryland Department of Health encourages residents to quit smoking by calling the Maryland Tobacco Quitline for support. Launched in the summer of 2006, the Quitline (1-800-QUIT-NOW) is a statewide, toll-free tobacco cessation program. The Maryland Tobacco Quitline offers personalized support for Maryland residents age 18 years and older who want to quit tobacco by connecting them with trained coaches who guide them through the quitting process. The Quitline provides tailored materials for the 44 percent of callers who self-report a chronic condition, such as Coronary Artery Disease, COPD, Asthma, and Diabetes.

The Cigar Trap. While youth cigarette use has declined since 2000, cigar use among youth has increased during this same time frame, and is now virtually equivalent to cigarette use. In order to prevent use of other cigarillos and little cigars, the Maryland Tobacco Control Program has implemented a statewide communications campaign – *The Cigar Trap* – to increase awareness of the dangers of youth cigar use and the often life-long trap of nicotine addiction many young people fall into when they try these products. *The Cigar Trap* campaign aims to educate parents, decision-makers, and community members that while non-premium cigarillos and little cigars come in enticing fruit and candy flavors and are cheap, cigars are just as addictive and toxic as cigarettes. For more information, visit www.TheCigarTrap.com.

Legal Resource Center. This statewide resource is housed at the University of Maryland, School of Law, and provides technical assistance to local health departments, statewide supporters, and community partners for implementing evidence-based policies to reduce tobacco use. More information may be found at: <http://www.law.umaryland.edu/programs/tobacco/index.html>

MDQuit. This statewide resource, housed at the University of Maryland, Baltimore County, links public health professionals and healthcare providers to state tobacco initiatives; provides evidence-based, effective resources and tools to local programs; and supports a collaborative network of tobacco prevention and cessation professionals. MDQuit also oversees the Fax-to-Assist program, which provides healthcare providers a way to refer patients to the Maryland Tobacco Quitline. Visit www.mdquit.org for further information.

Promoting a Healthy Diet

Eating a healthy diet is an important component of cardiovascular health. Maryland promotes a healthy diet through a range of private-public partnerships and programs that align with Million Hearts™ strategies to reduce sodium intake and eliminate artificial trans fat. Two Maryland jurisdictions have banned trans fat in restaurants, and DHMH has supported a current proposal to eliminate artificial trans fat from Maryland's food supply. Furthermore, through WIC and ChopChop Maryland, DHMH promotes optimal nutrition for future generations, and is using social media and text messaging to reach Marylanders with relevant Million Hearts™ messages.

Women, Infants, and Children (WIC). The WIC program addresses health outcomes by facilitating healthy choices through nutrition education, checks to purchase healthy foods, and integrating participants into their local community support system. WIC enables families to take concrete, immediate action to preserve or improve their short and long term health. Promoting breastfeeding, supporting positive dietary habits, encouraging physical activity, and monitoring physical development are practical ways WIC helps participants increase awareness of their health status to promote optimal nutrition that can prevent obesity and support long term cardiovascular health. Maryland's WIC program serves more than 145,000 individuals each month.

ChopChop Maryland. This initiative, launched in October 2011, promotes fun and healthy eating for families. Chop Chop Maryland is a program that, in partnership with a quarterly cooking magazine, promotes healthy, family-friendly recipes creating using Maryland ingredients. Individuals can join the program to receive notification of the monthly recipes by text message. The program engages children and their parents in learning positive health habits that will last a lifetime. More information can be found at www.chopchopmd.com.

Encouraging Workplace Wellness

Workplace wellness is a critical component of any comprehensive strategy to prevent chronic disease and reduce health care costs. Maryland is committed to promoting workplace wellness and encouraging employers to adopt practices that will allow them to realize the benefits of wellness programs by.

Healthiest Maryland Businesses. Through this public-private partnership, more than 150 employers, employing more than 200,000 Marylanders, have committed to comprehensive employee health management. Through web-based resources, technical assistance and workshops, these employers are empowered to create an environment where the healthiest choice is the easiest choice (i.e., promoting nutritious food, physical activity, and a smoke free environment) and benefit design optimizes value (i.e., waived co-pays for diabetes, blood pressure, and cholesterol medications; comprehensive medication therapy management; and tobacco cessation). With leadership from the Governor's Office, the State of Maryland is participating in Healthiest Maryland Businesses as an employer, with an initial focus on healthy food procurement, including sodium reduction and trans fat elimination, and tobacco-related policies and benefit design.

Maryland Patients, Pharmacists, and Partnerships (P3) Program. Through this unique partnership between the University of Maryland School of Pharmacy and the Department, more than 300 Maryland pharmacists have been trained to help improve chronic disease care for Marylanders living and working with diabetes in Maryland. Self-insured employers contract with these specially-trained pharmacists to help more than 250 diabetic employees manage their condition, and to partner with the employees' physicians to optimize their medication regimens. This program has been expanded to more comprehensively address cardiovascular disease prevention.

Incentivizing Local Public Health Action

Cardiovascular health requires healthy choices by individuals – and by communities. Creating environments that promote physical activity, encouraging stores to sell healthy foods, and taking other smart steps can help improve health outcomes for entire neighborhoods.

State Health Improvement Process (SHIP). Maryland's health improvement process is a framework for accountability, local action and public engagement to advance the health of Marylanders. There are 17 active local health improvement coalitions in Maryland. Members include public health leaders and programs, safety net providers, hospitals, schools, behavioral health providers, local management boards, and many essential non-health partners. The goal of the coalitions is to identify local health priorities for aligned private and public action to reach SHIP 2014 targets.

All Maryland county health departments are taking lead roles in the local health improvement coalitions. SHIP measures related to Million Hearts include:

- Increase Life Expectancy
- Increase Access to Healthy Food
- Decrease Cardiovascular Disease Deaths
- Decrease Hypertension-related ED Visits
- Decrease Diabetes-related ED Visits
- Decrease Adult Smoking
- Decrease Youth Tobacco Use
- Increase Adults at a Healthy Weight
- Decrease Youth Obesity
- Improve Air Quality

Since local health improvement coalitions provide the backbone for intensive community interventions, the Community Transformation Grant and Preventive Health and Health Services Grant from the CDC will help local health departments achieve State Health Improvement Process goals to prevent and control chronic disease.

The Minority Outreach and Technical Assistance program. MOTA is a partnership between community and faith based organizations throughout the state of Maryland. Overseen by the Office of Minority Health and Health Disparities at DHMH, the focus of MOTA is to educate, enlighten and empower ethnic groups to impact cancer, tobacco use and other health disparities related decisions in their local jurisdiction, including cardiovascular disease. The establishment of a local health disparities committee allows MOTA Health Partners to maintain partnerships with organizations and businesses in their jurisdictions. Each MOTA Health Partner works collaboratively with other community organizations and businesses, such as local hair salons and barbershops, schools, churches, health systems, and local governments, to effectively target minority populations. Of the 15 participating jurisdictions, 11 are focusing their efforts on chronic diseases that impact heart health, such as hypertension, diabetes, obesity and tobacco use.

The Health Disparities Reduction Demonstration Project. Established in 2008 by the Office of Minority Health and Health Disparities, this program aims to address minority cardiovascular disease through cooperative agreements with local health departments. The local health departments are selected to participate in the agreements based on the rate and incidence of cardiovascular disease in their respective jurisdictions. Local health departments establish taskforces and coalitions comprised of community members, health professionals and others to address the issue. In addition, community health workers have been used to raise awareness, conduct outreach, and educate residents on how to prevent and manage cardiovascular disease.

Looking Forward

A partnership meeting is planned for June 2012, to convene Maryland's Million Hearts partners. DHMH and Delmarva Foundation (Maryland's Quality Improvement Organization) will bring together partners committed to preventing heart attacks and strokes in a Learning and Action Network that will include Mid-Atlantic Association of Community Health Centers (Maryland's Primary Care Association); academic leaders from University of Maryland, Johns Hopkins University, and Maryland's Historically Black Colleges and Universities; provider professional associations; health IT leaders; health system and health plan leaders; voluntary health associations (including Maryland affiliates of the American Heart Association, American Diabetes Association, American Cancer Society); consumer advocacy groups; community leaders; Mid-Atlantic Business Group on Health and private-sector partners.

In addition, the state will continue to move forward on a number of other new initiatives to promote heart health. New elements of Maryland's Million Hearts Initiative will include creative approaches to using health data and focusing resources on areas hardest hit by health disparities.

Health Information Exchange. Maryland's Health Information Exchange offers providers a web-based portal to access clinical discharge summaries, lab results and radiology reports relevant to a patient's treatment directly from other care providers. In coming weeks and months, the state will increasingly use this system for progress on cardiovascular disease. For example, Maryland is working to make electrocardiograms and other clinical reports available through this portal. Maryland is also developing a system for real-time notifications to providers that will alert them when their patients who are at high risk for heart attacks are seen in the Emergency Department. Maryland's Health Information Exchange is also planning to solicit ideas on how to improve cardiovascular disease using creative approaches to data analysis and management.

Health Enterprise Zones. Recognizing that racial and ethnic minority groups have higher rates of cardiovascular disease than non-minorities, Lieutenant Governor Anthony Brown is leading efforts to create a series of geographically-based Health Enterprise Zones in underserved communities impacted by health disparities. Within a designated zone, incentives would be provided to eligible primary care practitioners and community-based organizations or local health departments to expand and improve access to care, improve health and reduce disparities. Funding for a pilot program has been proposed as part of the state's FY 2013 budget.